CITY OF SEAFORD

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

Date: _____

Name: _____ Social Security Number: _____
Last First M.I.

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone #: _____ Are you 18 years or older: Yes ____ No ____

Are you prevented from lawfully becoming employed in this country because of a visa or immigration status? Yes:_____ No: _____

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary Desired: _____

Are you Employed Now? _____ If so, may we contact your present employer? _____

Ever applied to this company before? _____ Where? _____ When? _____

Referred by: _____

EDUCATION	Name and Location of School	*# of Years Attended	*Did you Graduate	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

Last First M.I.

GENERAL

Subjects of special study or research work: _____

Special skills: _____

Activities: (Civic, Athletic, Etc.)
Exclude organizations, The name of which indicates the race, creed, sex, age marital status, color or nation of origin of its members

U.S. Military or Naval Service: _____ Rank: _____ Present Membership in National Guard or reserves _____

*This form has been revised to comply with the provisions of the American with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991

(Continued on the other side)

FORMER EMPLOYERS (List Below Last Four Employers, Starting with Last One First).

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

Which of these jobs did you like best?

What did you like most about the job?

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

	Name	Address	Association	Years Acquainted
1				
2				
3				

In case of Emergency Notify:

Name Address Phone #

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application will be rejected, and if I am employed, my employment will be terminated at that time. In consideration of my employment, I agree to conform to the City's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the City's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the City. I understand that no City representative, other than the City Manager, and then only in writing and signed by the City Manager, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date: Signature:

Do Not Write Below This Line

Interviewed By: Date:

Remarks:

Neatness: Ability:

Hired: Yes No Position: Dept.:

Salary/Wage: Date Reporting to Work:

Approved: 1 2 3

City Manager Director Supervisor

P.O. BOX 1100
PHONE 302-629-9173
FAX 302-629-9307

City of Seaford

SEAFORD, DELAWARE 19973

We are required to keep this information on sex, race, and ethnic background in compliance with federal law. This information will be detached and kept separately from your application. It will not be used as a basis for making employment decisions.

Position (s) Applied for: _____

_____

Social Security #: _____

Date of Birth: _____

Race or
National Origin: ____ White ____ Black ____ Hispanic

____ Indian or Alaskan Native

____ Asian or Pacific Islander

Sex: ____ Male ____ Female

Are you Handicapped: ____ No ____ Yes - If yes, explain extent of handicap:

_____

_____

_____